| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004          |  |  |  |  |                        |                               |            |                     | Application or Docket Number |            |                     |                        |
|---|--|--|--|--|------------------------|-------------------------------|------------|---------------------|------------------------------|------------|---------------------|------------------------|
|   |  |  |  |  |                        |                               |            |                     | 1D 55 136B                   |            |                     |                        |
|   |  | CLAIMS                                       | AS FILED -<br>(Colum   |  | (Column 2)             |                               |            | SMALL ENT           | TITY                         | OR         | OTHER<br>SMALL E    |                        |
| U.S. NATIONAL STAGE FEES  |  |  |  |  |                        |                               |            | RATE                | FEE                          | 1          | RATE                | FEE                    |
| BASIC FEE   |  |  | SMALL ENT. = \$ 150  |  | LARC                   | SE ENT. = \$ 300              | 1          | BASIC FEE           | 150                          | OR         | BASIC FEE           |                        |
| EXAMINATION FEE   |  |  |  | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100 |                        | her situations = 100 / \$ 200 | 1          | EXAM. FEE           | 50                           |            | EXAM. FEE           |                        |
| SEARCH FEE  |  |  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |  |                        | her situations = 250 / \$ 500 |            | SEARCH FEE          | 100                          |            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =  |  |                        | / 50 =                        | 1          | X \$ 125 =          |                              | 1          | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |  | 3⊋ minus 20 =  |  | · 12                   |                               | 1          | X \$ 25 =           | 300                          | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |  | 3 minus 3 =  |  | *                      |                               |            | X \$ 100 =          |                              | OR         | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT  |  |                        |                               |            | + \$ 180 =          |                              | OR         | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL  |  |  |  |  |                        |                               |            |                     | OR                           | TOTAL      |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |  |  |  |  |                        |                               |            | SMALL E             | NTITY                        | OR         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | NUM<br>PREVIO<br>PAID                              | BER<br>DUSLY           | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **   |                        | =                             |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus  | ***  |                        | =                             |            | X \$ 100 =          | -                            | OR         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                        |                               | + \$ 180 = |                     | OR                           | + \$ 360 = |                     |                        |
| ,   |  |  |  |  | •                      |                               |            | TOTAL ADDIT.<br>FEE |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
|   | ٠.   | (Column 1)                                   |  | (Colur   | nn 2\                  | (Column 3)                    |            |                     |                              |            |                     |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT             |  | HIGH<br>NUMI<br>PREVIO<br>PAID                     | EST<br>BER<br>DUSLY    | PRESENT<br>EXTRA              |            | RATE                | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **   |                        | =                             |            | X \$ 25 =           |                              | OR         | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus  | ***  |                        | =                             |            | X \$ 100 =          |                              | OR         | X \$ 200 =          | ***                    |
| -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                        | lÌ                            | + \$ 180 = |                     | OR                           | + \$ 360 = |                     |                        |
|   |  |  |  |  |                        |                               | •          | TOTAL ADDIT.<br>FEE |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
| *   | If the entry in colu                           | ımn 1 is less than th<br>ımber Previously Pa | e entry in column :<br>id For' IN THIS SF                                | 2, write "0" i<br>PACE is less                     | n column<br>s than '20 | ı 3.<br>)', enter "20".       |            |                     |                              |            |                     |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.